

(802) 828-5723

<b>UE DATES:</b> March 15 for si	ub-chapter S corporations	April 15 for partner	ships and LLCs. SEE INS	SRUCTIONS ON PAGE	2.
PRINT OR TYPE		If <u>ELIGIBLE</u> composite filer, Check here.			
		J	FEDERAL ID NUMBER		
THE FISCAL YEAR ENDING ACCOUNT NUMBER (	GAND THE VERMONT BU VBA#) MUST BE PROVID	I FISCAL V	R YEAR	VERMONT BUSINESS ACCOUNT NUMBER	(# # # # # X X)
lace an "X" in the box to	indicate a loss amour	nt.		Enter all amounts	in <u>whole dollars</u>
Enter prior year (20) V	/ermont net income apport	ioned/allocated to <u>n</u>	onresidents only	1	$oxed{oxed{oxed}}$
Multiply Line 1 by the mar	ginal rate of 7.2%			2	
♦ If Line 2 is zero or less, skip to Line 5(E) and er	or \$250. or less for one V	•	•		, ,
<ul><li>If the amount on Line 2</li><li>4 and enter the results</li></ul>	is over \$250. for one VT r on Line 5, Columns (A) - (	•	•		divide Line 2 by
Current year (20) Verr	mont net income apportion	ed/allocated to VT r	nonresidents only	3,_	
Multiply Line 3 by the mar	ginal rate of 7.2%			4	
♦ If Line 4 is zero or less, skip to Line 6(E) and er	or \$250. or less for one V nter Line 4 amount on Line				
♦ If the amount on Line 4 Columns (A) - (D) on Li		4 by 4 and enter the	e results on Line 6, Colum	ns (A) - (D). Enter the to	otal of Line 6,
♦ Enter the actual estima of Line 7, Columns (A)	1 2	s current taxable ye	ar in the corresponding co	olumns (A) - (D) of Line	7. Enter the total
	(A) 1st Quarter	(B) 2nd Quarter	(C) 3rd Quarter	<b>(D)</b> 4th Quarter	<b>(E)</b> TOTAL
i. Prior Year Calculation					
. Current Year Required					

Attach this worksheet to a completed Vermont Form WH-435 with your payment.

If Line 7(E) is *equal to or greater than* Line 6(E), there is no "catch-up" payment due for this current taxable year.

If no "catch-up" estimated payment is due, submit this form with your Business Income Tax Return (VT Form BI-471) at the time of filing.

## WH-435SH Payment Instructions

- A Subchapter S Corporation, Limited Liability Company or Partnership is required to make estimated income tax payments on behalf of its non-Vermont shareholders, members or partners. If any are lower-tier entities, the minimum annual tax is \$250. for each one.
- If the payment is for a lower-tier entity, i.e. a Subchapter S Corporation, Limited Liability Company, or Partnership, provide a separate Form WH-435 for the individuals (or C Corporations) that are ultimately to receive the credit on a personal (or C Corporate) income tax return.
- The estimated payments are due quarterly and are calculated by multiplying the estimated payment rate by the income distributed or allocable to the shareholder, member or partner. This information is the taxable income reported on Federal Schedule K-1. The estimated payment rate is 7.2%.
- Safe harbor calculation and "catch up payment" 32 V.S.A. §§ 5914 and 5920 require S Corporations, Partnerships and Limited Liability Companies to declare and pay estimated tax based on 100 percent of the income earned by its nonresident shareholders, partners or members attributable to Vermont. Because the estimated payments are due before an accurate determination can be made of the income earned by the entity in the taxable year, the Department established an administrative "safe harbor" procedure to simplify the calculation for estimated tax payments due on or after April 15, 2005. For estimated tax payments due on or after April 15, 2005, the following procedure may be used:
  - a. For each of the four estimated tax payments that are due, the S Corporation, Partnership or Limited Liability Company makes a payment of no less than one quarter of the total estimated tax payment that was required to be made for the immediately preceding tax year. These payments are due on the fifteenth day of the fourth, sixth, and ninth months of the tax year of the entity and the first month of the subsequent year.
  - b. The S Corporation, Partnership or Limited Liability Company makes a fifth "catch up" payment equal to the total amount of estimated payments that is required to be made for the current tax year, less any sum paid in the four quarterly estimates. The catch up payment shall be due on or before the due date for filing the S Corporation, Partnership or Limited Liability Company return. This date shall not be extended notwithstanding any request for extension of the entity return.

The purpose of the safe harbor procedure is to establish a method that will permit a S Corporation, Partnership or Limited Liability Company to avoid the assessment of penalties and interest for the underpayment of the required estimated payments. An entity is not required to use the safe harbor procedure if it determines that the safe harbor will result in an overpayment of required estimated payments. However, the entity will be subject to applicable penalties and interest on each separate estimate that is underpaid.

- For additional information see VT Technical Bulletin 5 (TB-05) and VT Technical Bulletin 6 (TB-06) at our website <u>www.state.vt.us/tax</u> under the heading of "Legal Interpretations".
- Certain Subchapter S Corporations, Partnerships, and Limited Liability Companies may file and remit the estimated tax payments on behalf of nonresident shareholders, partners and members annually, on January 15, instead of quarterly. To qualify, the entity must have a single (nonresident) shareholder, partner or member and a tax liability of \$250. or less in the prior year; or, 2 or more shareholders, partners or members and a tax liability of \$500. or less in the prior year.
- THIS FORM MUST STATE THE FISCAL YEAR ENDING AND THE ASSIGNED VERMONT BUSINESS ACCOUNT NUMBER (VBA#).
- Use blue or black ink to fill in the form and clearly print or type the entries. Call 802-828-5723 if you need assistance.

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. §5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature	of Officer or Authorized Agent	Printed name	Date	Daytime tele number (opt ( )		May the Dept. of Taxes discuss this return with the preparer named?  Yes No
Paid Preparer's Use Only	Preparer's signature			]	Date	Check if self-employed
	Preparer's printed name				Preparer's Social Security No. or PTIN	
	Name and address of preparer's firm			E	EIN	
	or business				Preparer's Telephone Number	